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**SPECIAL EVENTS ASSISTANCE GRANT APPLICATION**

**Submission deadline:**

**March 1, 2017**

1. Event Title: Coconut Creek Football & Cheer 2017 Combine

2. Date/Place of Event: May 21, 2017. Sabal Pines Park, 5005 NW 39<sup>th</sup> Avenue.

3. Has the site been reserved?  Yes  No

4. Name of Organization: Coconut Creek Football Program, Inc  
Contact Person: Terry Mohr Title: President  
Phone: 954-695-1331 E-mail: ccreekeagles@gmail.com  
Mailing Address:  
6574 N. State Road 7, #156, Coconut Creek, Florida 33073

5. Chief Administrative Officer/President Terry Mohr  
Phone: 954-695-1331 E-mail: ccreekeagles@gmail.com

6. Brief Description of Event/Approximate Number of Attendees: The combine is the culmination of our spring skills camp and is a Skills competition for those who participated in the camp. The Combine serves all of our programs: Tackle, Flag and Cheer and features awards, motivational speakers, special guests and a cheer showcase. While you must be a registered participant in the combine events anyone can attend the event.

7. Attach non-profit certification (tax-exempt status) and Certificate of Incorporation as a registered entity in the State of Florida.  
Attached:  Yes  No

8. Bank affiliations: Bank of America

9. How long has your organization been in existence? 21 years

10. How much is total cost of your event? \$2,000

11. Is your event open to the public?  Yes  No Percentage of Creek residents attending events: 75%

12. What is the total monetary amount requested from the City of Coconut Creek? How will the funds be used?  
\$500. The award will be used for entertainment and award expenses

13. What are the in-kind requests from the City of Coconut Creek?

Small stage, field use and Park staff to collect trash and help manage event.

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14. List other funding/grants that will go toward the event (i.e. cash, in-kind services, donations, grants, etc.).

League sponsors \$300, Concessions \$200

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15. What benefits and positive effects will the City of Coconut Creek receive if a grant is awarded?

Our Program is a partner with NFL flag which is part of the NFL play 60 campaign that promotes an active lifestyle for children. It promotes the city's facilities and highlights its campaign as a "Playful City".

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16. What percentage of the profits will go towards charity? What percentage will go towards administrative costs?

100% of the profits will go back to our non-profit, 100% volunteer organization.

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17.  I agree to submit copies of receipts that prove the award was used in the manner that was specified by the Special Event Grant Committee.

18.  I am duly authorized to speak on behalf of my organization.

19.  I hereby certify that my organization does not and will not engage in any form of discrimination and prohibits discriminatory activity.

*Note: You may attach additional pages, if needed.*

**PROPOSED EVENT BUDGET  
CITY OF COCONUT CREEK  
SPECIAL EVENTS GRANT PROGRAM**

Name of Organization: Coconut Creek Football Program, Inc.

Name/Date of Event: Coconut Creek Football & Cheer 2017 Combine

**ANTICIPATED REVENUES**

Your Organization's Contribution: \$ 1,000  
Additional Revenue Sources:  
Ticket Sales: \_\_\_\_\_  
Donations, Sponsorships & Contributions: \$ 300  
Other - (List): \$ 200 Concessions  
Total Anticipated Revenue: \$ 1,500

**ANTICIPATED EXPENDITURES**

Advertising and Publicity: \$ 40  
Equipment Rentals: \_\_\_\_\_  
Facility Rental: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Lodging: \_\_\_\_\_  
Security/Police: \_\_\_\_\_  
Printing: \$ 60  
Postage: \_\_\_\_\_  
Supplies & Materials: \$ 1700  
Professional Fees: \$ 200  
Technical Equipment Expenses: \_\_\_\_\_  
Travel and Transportation: \_\_\_\_\_  
Other: \_\_\_\_\_  
Total Anticipated Event Expenditures: \$ \_\_\_\_\_

**Disallowed Expenses:**

**Salaries, Benefits & Permanent Equipment**

We hereby certify that all figures, facts, and representations made in this statement are true and correct to the best of my knowledge.

Chief Administrative Officer (President): Terry Mohr  
Signature: \_\_\_\_\_ Date: 2/27/2017

Chief Financial Officer (Treasurer): Alicia Scott-Sukhu  
Signature: \_\_\_\_\_ Date: 2/27/2017

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001332

**Entity Name:** COCONUT CREEK FOOTBALL PROGRAM CORPORATION

**FILED**  
**Jan 24, 2017**  
**Secretary of State**  
**CC6084257315**

**Current Principal Place of Business:**

6574 NORTH STATE ROAD 7  
#156  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

6574 NORTH STATE ROAD 7  
#156  
COCONUT CREEK, FL 33073

**FEI Number:** 52-2037110

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOHR, TERRY  
6574 NORTH STATE ROAD 7  
#156  
COCONUT CREEK, FL 33073 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** TERRY MOHR

01/24/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           COLLINS, COREY  
Address        5040 NW 44TH AVENUE  
City-State-Zip: COCONUT CREEK FL 33073

Title           PRESIDENT  
Name           FRIEDMAN, PAUL  
Address        4964 NW 62ND COURT  
City-State-Zip: COCONUT CREEK FL 33073

Title           TREASURER  
Name           SCOTT-SUKHU, ALICIA  
Address        6607 NW 70TH AVENUE  
City-State-Zip: TAMARAC FL 33073

Title           OTHER  
Name           MOHR, TERRY  
Address        5300 NW 55TH BLVD.  
City-State-Zip: COCONUT CREEK FL 33073

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TERRY MOHR

**MANAGING MEMBER**

01/24/2017

Electronic Signature of Signing Officer/Director Detail

Date



## Consumer's Certificate of Exemption

DR-14  
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012707353C-3	06/30/2013	06/30/2018	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

COCONUT CREEK FOOTBALL  
PROGRAM CORPORATION  
6574 N STATE ROAD 7 # 156  
COCONUT CREEK FL 33073-3625

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Coconut Creek Football Program, Inc.</b>	
	2 Business name/disregarded entity name, if different from above <b>Coconut Creek Football Program Inc Tackle Division</b>	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Nonprofit corporation exempt under IRS Code Section 501(c)(3)</b>	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>6574 N. State Road 7, #156</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Coconut Creek, FL 33073</b>	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
5	2	-	2	0	3	7	1	1	0

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Digitally signed by Terry Mohr DN: cn=Terry Mohr, o=Coconut Creek Football Program, ou, email=ccreekeagles@gmail.com, c=US Date: 2016.05.05 16:09:55 -04'00'	<b>Terry Mohr</b> Signature of U.S. person ▶	Date ▶ 2/17/2017
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.